

**ILLINOIS DEPARTMENT OF PUBLIC AID  
REQUEST TO CONTACT CLIENT AT A DIFFERENT ADDRESS**

- You have the right to ask the Illinois Department of Public Aid (Agency) to contact you about your personal health information at a different address or in a different way than the Agency contacts you now. If you want the Agency to send letters about your personal health information to a different address, you must tell the Agency what that different address is.
- Requests to contact you at a different address or in a different way are often made when a person feels his or her health or safety are in danger if personal health information is sent to his or her home address.
- The Agency will do its best to accommodate all reasonable requests.

My name: ..... Date of birth: .....

Recipient I.D. Number (RIN): .....

I request that the Agency send my personal health information to the following person or address:

..... (person)

..... (Street Address or P.O. Box)

..... (City, State, Zip)

..... (Alternate phone number)

Other communications requests:

.....  
.....  
.....

If you change your address, all of your Medicaid information will be sent to this address.

Do you want to have everything sent to this address?

- ☐ yes  
☐ no

Signature: ..... Date: .....

**Send this Request to:**

Privacy Officer  
Illinois Department of Public Aid  
P.O. Box 19159  
Springfield, IL 62794-9159

Fax: 1-312-793-2005

**Contact the Illinois Department of Public Aid  
Privacy Officer:**

Privacy Officer  
Illinois Department of Public Aid  
P.O. Box 19159  
Springfield, IL 62794-9159

Toll-free telephone: 1-800-226-0768 (Health Benefits Hotline)  
Toll-free for persons using a TTY: 1-877-204-1012  
Fax: 1-312-793-2005  
e-mail address: [privacyofficer@mail.idpa.state.il.us](mailto:privacyofficer@mail.idpa.state.il.us)